

**UTILITY  
PATENT APPLICATION  
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. 35.G2797

First Named Inventor or Application Identifier

TETSUO SAKANAKA

Express Mail Label No.

**APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents.

1.  Fee Transmittal Form  
(Submit an original, and a duplicate for fee processing)

2.  Applicant claims small entity status.  
See 37 CFR 1.27.

3.  Specification Total Pages 18

4.  Drawing(s) (35 USC 113) Total Sheets 4

5.  Oath or Declaration Total Pages 1

a.  Newly executed (original or copy)

b.  Copy from a prior application (37 CFR 1.63(d))  
(for continuation/divisional with Box 17 completed)

i.  **DELETION OF INVENTOR(S)**  
Signed Statement attached deleting  
inventor(s) named in the prior application, see  
37 CFR 1.63(d)(2) and 1.33(b).

6.  Application Data Sheet. See 37 CFR 1.76

**ADDRESS TO:** Commissioner for Patents  
Box Patent Application  
Washington, DC 20231

7.  CD-ROM or CD-R in duplicate, large table or Computer  
Program (Appendix)

8.  Nucleotide and/or Amino Acid Sequence Submission  
(if applicable, all necessary)

a.  Computer Readable Form (CRF)

b. Specification Sequence Listing on:

i.  CD-ROM or CD-R (2 copies); or

ii.  paper

c.  Statements verifying identity of above copies

| ACCOMPANYING APPLICATION PARTS |   |                                     |                            |
|--------------------------------|---|-------------------------------------|----------------------------|
| 9.                             | <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))                           | <input checked="" type="checkbox"/> |                            |
| 10.                            | <input type="checkbox"/> 37 CFR 3.73(b) Statement<br>(when there is an assignee)                            | <input type="checkbox"/>            | Power of Attorney          |
| 11.                            | <input type="checkbox"/> English Translation Document (if applicable)                                       |                                     |                            |
| 12.                            | <input type="checkbox"/> Information Disclosure<br>Statement (IDS)/PTO-1449                                 | <input type="checkbox"/>            | Copies of IDS<br>Citations |
| 13.                            | <input type="checkbox"/> Preliminary Amendment  |                                     |                            |
| 14.                            | <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)<br>(Should be specifically itemized) |                                     |                            |
| 15.                            | <input type="checkbox"/> Certified Copy of Priority Document(s)<br>(if foreign priority is claimed)         |                                     |                            |
| 16.                            | <input type="checkbox"/> Other: _____   |                                     |                            |

17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:

Continuation  Divisional  Continuation-in-part (CIP) of prior application No. \_\_\_\_\_ / \_\_\_\_\_  
Prior application information: Examiner \_\_\_\_\_ Group/Art Unit: \_\_\_\_\_

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

**18. CORRESPONDENCE ADDRESS**

|   |  |  |
|---|--|--|
| <input checked="" type="checkbox"/> Customer Number or Bar Code Label | 05514<br>(Insert Customer No. or Attach bar code label here) | or <input type="checkbox"/> Correspondence address below |
|---|--|--|

|         |           |          |  |
|---------|-----------|----------|--|
| NAME    |           |          |  |
| Address |           |          |  |
| City    | State     | Zip Code |  |
| Country | Telephone | Fax      |  |

| CLAIMS | (1) FOR  | (2) NUMBER FILED | (3) NUMBER EXTRA | (4) RATE                      | (5) CALCULATIONS |
|--------|--|------------------|------------------|-------------------------------|------------------|
|        | TOTAL CLAIMS<br>(37 CFR 1.16(c))   | 12-20 =          | 0                | X \$ 18.00 =                  | \$ 0.00          |
|        | INDEPENDENT CLAIMS (37 CFR 1.16(b))  | 1-3 =            | 0                | X \$ 80.00 =                  | \$ 0.00          |
|        | MULTIPLE DEPENDENT CLAIMS (if applicable) (37 CFR 1.16(d))                 |                  |                  | \$270.00 =                    | \$ 270.00        |
|        |  |                  |                  | BASIC FEE<br>(37 CFR 1.16(a)) | \$ 710.00        |
|        |  |                  |                  | Total of above Calculations = | \$ 980.00        |
|        | Reduction by 50% for filing by small entity (Note 37 CFR 1.9, 1.27, 1.28). |                  |                  |                               |                  |
|        |  |                  |                  | TOTAL =                       | \$ 980.00        |

19. Small entity status

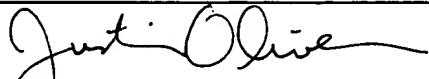
- a.  A small entity statement is enclosed
- b.  A small entity statement was filed in the prior nonprovisional application and such status is still proper and desired.
- c.  Is no longer claimed.

20.  A check in the amount of \$ 980.00 to cover the filing fee is enclosed.

21.  A check in the amount of \$ 40.00 to cover the recordal fee is enclosed.

22. The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. 06-1205:

- a.  Fees required under 37 CFR 1.16.
- b.  Fees required under 37 CFR 1.17.
- c.  Fees required under 37 CFR 1.18.

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED |   |
|---|---|
| NAME  | Justin J. Oliver - Reg. No. 44,986  |
| SIGNATURE   |  |
| DATE  | April 20, 2001  |

JJO/dc